

\*\*\*\*\* UNCLASSIFIED// \*\*\*\*\*

Subject: MARCENT MOD 1 TO FRAGO 28 TO OPORD 08-001 (MARCENT SUPPORT FOR OEF/OIF) (U)  
 Originator: COMUSMARCENT G3(MC)  
 DTG: 270255Z Oct 10  
 Precedence: ROUTINE  
 DAC: General  
 To: CG I MEF FWD(UC), VMAQ 3(UC)  
 Cc: CMC WASHINGTON DC PPO(UC), COMMARFORCOM(UC), COMMARFORRES(UC),  
 COMMARFORPAC(UC), CG I MEF(UC), CG II MEF FWD(UC), CG II MEF(UC), CG III MEF(UC), CG MCCDC  
 QUANTICO VA(UC)

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MSGID/ORDER/USMARCENT/OPS/OCT//

SUBJ/MARCENT MOD 1 TO FRAGO 28 TO OPORD 08-001 (MARCENT SUPPORT FOR OEF/OIF) (U) //

REF/A/OPORD/COMUSMARCENT OPORD 08-001/19 DEC 08//

REF/B/FRAGO 28/COMUSMARCENT/14 MAYU 10//

REF/C/DOC/ SECDEF/DTM 09-033/21 JUN 10//

REF/D/DOC/CENTCOM/FRAGO 09-1656/21 JUL 10//

NARR/(U) REF A IS COMUSMARCENT OPERATIONS ORDER (08-001) FOR OEF/OIF. REF B IS FRAGO 28 TO OPORD 08-001 AND ESTABLISHES THE MANAGEMENT OF MILD TRAUMATIC BRAIN INJURYS (MTBI). REF C IS SECDEF DIRECTIVE-TYPE MEMORANDUM (DTM) 09-033 POLICY GUIDANCE FOR MANAGEMENT OF CONCUSSION/MTBI IN THE DEPLOYED SETTING. REF D IS CENTCOM FRAGO THAT ADDRESSES CONCUSSION / MTBI MANAGEMENT AND TRACKING.

ORDTYPE/FRAGO/USMARCENT/OPS/OCT//

RMKS/THIS IS MOD 1 TO FRAGO 28 TO OPORD 08-001. THIS MOD REPLACES REF B IN ITS ENTIRETY AND DIRECTS MARINE CORPS UNITS ADCON TO COMUSMARCENT TO IMPLEMENT MTBI POLICIES AND PROCEDURES IOT TRACK AND TREAT ALL SERVICE MEMBERS EXPOSED TO POTENTIALLY HARMFUL

BLAST/CONCUSSIVE EVENTS. THE TERM "PERSONNEL" AS USED IN THIS FRAGO REFERS TO BOTH MARINES AND SAILORS. THIS FRAGO ESTABLISHES A REPORTING FUNCTION AND IS NOT CONNECTED TO PERSONNEL CASUALTY REPORTING OR AWARD SUBMISSION REQUIREMENTS.

GENTEXT/SITUATION/

1. SITUATION. THE NUMBER OF CONCUSSIVE EVENTS IN THE CENTCOM AOR HAS ELEVATED CONCERN ON THE LONG TERM SERVICE MEMBERS PHYSICAL AND MENTAL WELL-BEING. LEADERS AT ALL LEVELS MUST UNDERSTAND THAT THE REPORTING OF "BLAST/CONCUSSIVE" EVENTS IS NOT OPTIONAL. THE OFFICE OF THE SECRETARY OF DEFENSE HAS MANDATED THE IMPLEMENTATION OF STANDARD LEADER AND MEDICAL MANAGEMENT OF DEPLOYED SERVICE MEMBERS EXPOSED TO POTENTIALLY CONCUSSIVE (INCLUDING BLAST) EVENTS. THIS POLICY PROTECTS SERVICE MEMBERS EXPOSED TO POTENTIALLY CONCUSSIVE EVENTS. THE POLICY DIRECTS: LEADER SCREENING, AND REPORTING OF INDIVIDUALS INVOLVED IN DEFINED POTENTIALLY CONCUSSIVE EVENTS; MANDATES MEDICAL EVALUATION AND TREATMENT OF INDIVIDUALS INVOLVED IN SUCH EVENTS; AND DEFINES COMMAND-DIRECTED REST PERIODS FOR THOSE WHO ARE INVOLVED IN SUCH EVENTS.

GENTEXT/MISSION/

2. MISSION. NO CHANGE.

GENTEXT/EXECUTION/

3. EXECUTION.

3.A. COMMANDER'S INTENT. MARINE CORPS UNITS IN THE CENTCOM AOR WILL APPLY THE REQUIREMENTS FOR IDENTIFICATION, SCREENING, EVALUATION, AND REPORTING OF PERSONNEL INVOLVED IN POTENTIAL CONCUSSIVE EVENTS IAW THE REFERENCES. THE PURPOSE IS TO MINIMIZE THE EFFECT OF MTBI, ESPECIALLY REPETITIVE MTBI AND TO ENSURE THE MAXIMUM PROTECTION OF SERVICE MEMBERS INVOLVED IN POTENTIALLY CONCUSSIVE EVENTS. THE END STATE IS THE MITIGATION OF THE EFFECTS OF POTENTIAL CONCUSSIVE EVENTS AND MTBI ON BOTH SERVICE MEMBER HEALTH AND READINESS AS WELL AS ONGOING OPERATIONS.

3.B. CONCEPT OF OPERATIONS. POTENTIALLY CONCUSSIVE EVENTS THAT OCCUR IN THE CENTCOM AOR WILL REQUIRE MULTIPLE ACTIONS ON THE PART OF MARINE LEADERS AND MEDICAL PERSONNEL. WHEN POTENTIALLY CONCUSSIVE EVENTS ("MANDATORY EVENTS," AS DEFINED IN 3.B.2.B.), OCCUR, LEADERS WILL IDENTIFY INVOLVED PERSONNEL, CONDUCT SCREENING IAW LEADER SCREENING GUIDELINES, AND ENSURE REPORTING OF INVOLVED PERSONNEL IN THE COMBINED INFORMATION DATA NETWORK EXCHANGE (CIDNE), BLAST EXPOSURE AND CONCUSSION INCIDENT REPORT (BECIR). PERSONNEL WILL ALSO BE REFERRED FOR A MANDATORY MEDICAL EVALUATION TO BE COMPLETED IAW CURRENT CLINICAL PRACTICE GUIDELINES. COMMANDS WILL SUBMIT A MONTHLY REPORT IDENTIFIED IN 3.C.1.C. THE MTBI POLICY HAS THREE COMPONENTS: TRAINING, TRACKING, AND TREATMENT.

3.B.1. TRAINING.

3.B.1.A. TRAIN THE LEADERS. LEADERS AT ALL LEVELS MUST BE CAPABLE OF RECOGNIZING SIGNS AND SYMPTOMS OF MTBI (CONCUSSION). THIS IS ACCOMPLISHED BY USING THE "H.E.A.D.S." EVALUATION

CONTAINED IN REF A AND IS REPRODUCED IN THIS FRAGO (PARA 3.B.2.C.2.). LEADER TRAINING WILL ALSO EMPHASIZE THE REQUIREMENT TO DOCUMENT ALL LEADER SCREENING RESULTS IN THE CIDNE SIGACTS DATABASE USING THE CIDNE BECIR. TRAINING CONTINUES AS AN ENDURING REQUIREMENT FOR ALL UNITS IDENTIFIED FOR DEPLOYMENT TO THE CENTCOM AOR.

3.B.1.B. TRAIN THE PROVIDERS. ALL CORPSMEN, MEDICAL TECHNICIANS, AND MEDICAL PROVIDERS MUST CONTINUE TO VALIDATE TRAINING REGARDING THE PROPER ADMINISTRATION OF THE MILITARY ACUTE CONCUSSION EVALUATION (MACE) AND PROPER MANAGEMENT OF PATIENTS USING THE JOINT THEATER TRAUMA SYSTEM CLINICAL PRACTICE GUIDELINES (JTTS-CPG). TRAINING CONTINUES AS AN ENDURING REQUIREMENT FOR ALL UNITS IDENTIFIED FOR DEPLOYMENT TO THE CENTCOM AOR.

### 3.B.2. TRACKING.

3.B.2.A. THE TEMPLATE ATTACHED TO THIS FRAGO WILL BE USED TO REPORT MONTHLY MTBI DATA TO MARCENT UNTIL BECIR BECOMES OPERATIONAL (PROJECTED TO BECOME OPERATIONAL 1 DECEMBER 2010). ALL COMMANDS WILL IMPLEMENT THE USE OF THE CIDNE BECIR FOR THE MANAGEMENT OF FORCES DIRECTLY INVOLVED IN OR EXPOSED TO BLAST OR HEAD INJURY INCIDENTS. MARINE FORCES WILL RECORD AND MAINTAIN PRESCRIBED DATA AT THE MAGTF LEVEL AND THE COMPONENT LEVEL (MARCENT).

3.B.2.B. MANDATORY EVENTS. THE FOLLOWING EVENTS REQUIRE MANDATORY REPORTING, TRACKING, AND MEDICAL EVALUATION:

3.B.2.B.1. ALL PERSONNEL IN A VEHICLE ASSOCIATED WITH A BLAST EVENT, COLLISION OR ROLLOVER.

3.B.2.B.2. ALL PERSONNEL WITHIN 50 METERS OF A BLAST (INSIDE OR OUTSIDE) OF A VEHICLE OR BUILDING.

3.B.2.B.3. ALL PERSONNEL WHO SUFFER A DIRECT BLOW TO THE HEAD OR LOSS OF CONSCIOUSNESS.

3.B.2.B.4. COMMAND-DIRECTED. IF A LEADER SUSPECTS THAT AN INDIVIDUAL MAY BE SUFFERING FROM THE EFFECTS OF A CONCUSSIVE EVENT, BUT THE INDIVIDUAL DOES NOT MEET THE CRITERIA ABOVE, THE UNIT COMMANDER SHOULD DIRECT THAT INDIVIDUAL TO MEDICAL SCREENING AND DOCUMENT THE EVENT IN CIDNE BECIR. THIS IS ESPECIALLY IMPORTANT IN A CASE WHERE THE INDIVIDUAL MAY HAVE BEEN EXPOSED TO MULTIPLE BLAST EVENTS.

3.B.2.C. LEADER SCREENING. LEADERS ARE REQUIRED TO ASSESS ALL PERSONNEL INVOLVED IN A MANDATORY EVENT AS SOON AS OPERATIONALLY POSSIBLE USING THE "I.E.D." CHECKLIST. WHILE LEADERS WILL TYPICALLY SCREEN ONLY THOSE INVOLVED IN MANDATORY EVENTS AS DEFINED ABOVE, THE "I.E.D." ASSESSMENT PROVIDES LEADERS A TOOL TO SCREEN OTHERS FOR WHOM THEY HAVE CONCERN FOR POTENTIAL EXPOSURE OR INJURY. IF LEADER SCREENING IS USED FOR PERSONNEL NOT INVOLVED IN MANDATORY EVENTS, PERSONNEL WHO SCREEN POSITIVE SHOULD BE REFERRED FOR MEDICAL EVALUATION. A POSITIVE SCREEN IS DEFINED AS A POSITIVE RESPONSE TO ANY OF THE FOLLOWING:

3.B.2.C.1. INJURY (YES/NO) WAS INDIVIDUAL INJURED DURING THE EVENT.

3.B.2.C.2. EVALUATION - "H.E.A.D.S." (YES/NO). ARE ANY OF THE FOLLOWING SYMPTOMS PRESENT: HEADACHES, EARS RINGING, ALTERED CONSCIOUSNESS/LOSS OF CONSCIOUSNESS, DOUBLE VISION/DIZZINESS, OR SOMETHING IS NOT RIGHT.

3.B.2.C.3. DISTANCE/PROXIMITY TO BLAST WITHIN 50 METERS (YES/NO). NOTE: AN ESTIMATED DISTANCE THAT THE INDIVIDUAL WAS FROM THE ORIGIN OF THE BLAST EVENT WILL BE REQUIRED FOR INPUT INTO THE CIDNE BECIR.

3.B.2.D. MINIMUM DATA THAT IS TO BE ENTERED IN THE CIDNE BECIR MODULE INCLUDES:

3.B.2.D.1. DATE OF MANDATORY EVENT.

3.B.2.D.2. TYPE OF MANDATORY EVENT TRIGGERING EVALUATION (4 TYPES DEFINED IN 3.B.2.B.).

3.B.2.D.3. SIGACT NUMBER (IF APPLICABLE).

3.B.2.D.4. MEMBER FULL SSN.

3.B.2.D.5. SERVICE (ARMY, NAVY, AIR FORCE, MARINES, SOF).

3.B.2.D.6. UNIT.

3.B.2.D.7. COMBATANT COMMAND IN WHICH THE EVENT OCCURRED (CENTCOM).

3.B.2.D.8. SERVICE MEMBER'S ESTIMATED DISTANCE FROM BLAST (IN METERS).

3.B.2.D.9. THE DISPOSITION OF ANY MANDATED MEDICAL EVALUATION (E.G., RETURN TO DUTY AFTER 24 HOURS).

3.B.2.E. WHILE WAITING FOR CIDNE BECIR TO BE IMPLEMENTED, THIS DATA WILL BE RETAINED BY THE MAGTF OR SENIOR MARINE FORCE HQ.

### 3.B.3. TREATMENT.

3.B.3.A. ALL MEDICAL PERSONNEL WILL USE THE JTTS-CPG FOR MANAGEMENT OF CONCUSSION/MTBI TO GUIDE CLINICAL CARE FOR SERVICE MEMBERS THEY ENCOUNTER FOLLOWING ALL EVENTS IN WHICH CONCUSSION IS POSSIBLE (E.G., IED STRIKE, ROCKET ATTACK, VEHICLE ROLLOVER OR ACCIDENT).

3.B.3.B. ALL SERVICE MEMBERS INVOLVED IN MANDATORY EVENTS WILL HAVE A COMMAND-DIRECTED 24-HOUR REST PERIOD THAT COMMENCES FROM THE TIME OF THE EVENT. PER REF C, COMMANDERS MAY DETERMINE THAT MISSION REQUIREMENTS SUPERSEDE INDIVIDUAL SERVICE MEMBER WELFARE IN CERTAIN CIRCUMSTANCES. EACH WAIVER WILL BE DOCUMENTED LOCALLY BY THE UNIT USING THE FORMAT OUTLINED IN 3.B.2.D.1-9.

3.B.3.C. PERSONNEL SUSTAINING HIGH GRADE OR MULTIPLE DOCUMENTED CONCUSSION/MTBI INJURIES.

3.B.3.C.1. PERSONNEL EXPOSED TO TWO CONCUSSIVE EVENTS THAT RESULT IN LOSS OF CONSCIOUSNESS (LOC) WILL BE RESTRICTED TO A FORWARD OPERATING BASE (FOB) FOR THE REMAINDER OF THE DEPLOYMENT.

3.B.3.C.2. PERSONNEL EXPOSED TO THREE CONCUSSIVE EVENTS, REGARDLESS OF SEVERITY, WILL BE RESTRICTED TO A FORWARD OPERATING BASE (FOB) FOR THE REMAINDER OF THE DEPLOYMENT.

3.B.3.C.3. ALL PERSONNEL RESTRICTED TO A FOB REQUIRE A COMPREHENSIVE EVALUATION BY A NEUROLOGIST IAW REF C. PER REF A, THE ATTENDING NEUROLOGIST MAY ASSIGN THE MEMBER BACK TO FULL DUTY. HOWEVER, THE MEMBER WILL REMAIN RESTRICTED TO THE FOB REGARDLESS OF DUTY STATUS.

3.B.3.D. WAIVERS. REQUIREMENTS SET FORTH IN 3.B.3.C.1. AND 3.B.3.C.2. MAY ONLY BE OVERRIDDEN BY AN O-7 OR ABOVE IN THE RARE OCCURRENCE THAT MISSION REQUIREMENTS CLEARLY DICTATE.

3.C. TASKS.

3.C.1. MSC.

3.C.1.A. ACCURATELY DOCUMENT ALL PERSONNEL EXPOSED TO A BLAST OR HEAD INJURY IN THE CIDNE BECIR MODULE AS SOON AS OPERATIONALLY POSSIBLE, BUT NOT 24 HOURS FROM THE TIME OF THE INCIDENT.

3.C.1.B. ENSURE COMMAND SURGEONS PROVIDE OVERSIGHT OF THE MEDICAL MANAGEMENT OF FORCES FOLLOWING A BLAST OR HEAD INJURY INCIDENT IOT MINIMIZE THE EFFECTS OF CONCUSSION AND TRAUMATIC BRAIN INJURY.

3.C.1.C. SUBMIT MONTHLY MTBI TRACKING REPORTS TO COMUSMARCENT VIA RECORD MESSAGE TRAFFIC IAW 3.B.2.

3.D. COORDINATING INSTRUCTIONS.

3.D.1. MONTHLY MTBI TRACKING REPORTS ARE DUE TO MAR CENT BY THE 5TH DAY OF THE MONTH FOR THE PRIOR MONTH.

3.D.2. ALL MEDICAL PROVIDERS WILL USE THE JTTS-CPG FOR MTBI/CONCUSSION TO ASSESS, MANAGE, AND TREAT CONCUSSION/MTBI. THE JTTS-CPG ALGORITHMS FOR THE CORPSMAN, INITIAL LICENSED PROVIDER, AND LEVEL III PROVIDERS WILL FACILITATE VALIDATED CLINICAL DECISION-MAKING FOR THE RESPECTIVE LEVELS OF TREATMENT.

3.D.3. ALL MEDICAL ENCOUNTERS WILL BE DOCUMENTED IN THE ELECTRONIC MEDICAL RECORD, USING THE ICD-9 CODE "CONCUSSION" WHEN CONCUSSION/MTBI IS DIAGNOSED. ICD-9 DIAGNOSES ACCEPTABLE FOR CODING OF THIS SYMPTOM CLUSTER IN THE ELECTRONIC MEDICAL RECORD AND ON THE PATIENT MOVEMENT REQUEST ARE:

3.D.3.A. ICD-9 850.0 - CONCUSSION WITH NO LOSS OF CONSCIOUSNESS (GRADE I AND II CONCUSSIONS).

3.D.3.B. ICD-9 850.11 - CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS (GRADE III CONCUSSION WITH LOC < 30 MIN).

3.D.3.C. ICD-9 V15.59 - FOR ANY TBI FOLLOW-UP VISITS WITH PRIMARY SYMPTOMS AS THE DIAGNOSIS (E.G., HEADACHE).

3.D.3.D. OTHER DIAGNOSIS MAY BE LISTED. HOWEVER, "CONCUSSION" WILL BE LISTED FIRST AS THE PRIMARY DIAGNOSIS IF ALL OTHER DIAGNOSES ARE PART OF THE SYMPTOM CLUSTER OF CONCUSSION.

GENTEXT/ADMIN AND LOGISTICS/

4. ADMIN AND LOGISTICS.

GENTEXT/COMMAND AND SIGNAL/

5. COMMAND AND SIGNAL.

5.A. COMMAND RELATIONSHIPS. NO CHANGE.

5.B. POINTS OF CONTACT AT USMARCENT.

5.B.1. MARCENT G1: COL HAMM/JAMES.HAMM@MARCENT.USMC.SMIL.MIL/DSN 312-651-7109.

5.B.2. MARCENT SURGEON: CAPT RINEER/RINEERSK@MARCENT.USMC.SMIL.MIL/DSN 312-651-7175.

5.B.3. MARCENT SURGEON (ORGANIZATIONAL): MARCENTFSURG@MARCENT.USMC.MIL

5.B.4. MARCENT WATCH OFFICER: MARCENTSWO@MARCENT.USMC.SMIL.MIL/DSN 312-651-7080.

BT//